



BOROUGH OF WILTON

*Annual Report of the
Medical Officer of Health
for the year 1971*

**Incorporating the Report of
THE PUBLIC HEALTH INSPECTOR**

**ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1971.**

Incorporating the Report of the Public Health Inspector.

To the Mayor, Aldermen and Councillors of the Borough of Wilton

I have the honour to present the Annual Report of the Medical Officer of Health, incorporating the report of the Public Health Inspector, for the year 1971. The report follows the lines suggested in the Ministry of Health Circular No. 1-1971 on the scope of Annual Reports of Medical Officers of Health.

Sections 5 (3) and 15 (5) of the Public Health Officers Regulations, 1959, are referred to in this circular, which sections draw attention to the provision in the Regulations for the M.O.H. to comment on any matter which he thinks desirable in relation to the public health in his area, in addition to anything on which he is specifically required to report.

I wish to record my appreciation of the kindly assistance and co-operation of the staff of the Municipal Offices and of other colleagues, and particularly that of the Town Clerk, of Mr. W. E. Ramm, Public Health Inspector (who is also Borough Surveyor), and of my colleagues the General Medical Practitioners, and Health Visitors, in Wilton, and of Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory. Under mutual arrangement between the East Wilts Joint M.O.H. Committee and the South Wilts Authorities Dr. F. D. F. Steede and I deputise for each other, and I must particularly thank Dr. Steede for deputising for me. I must also thank the County Medical Officer of Health, Dr. C. D. L. Lycett, for his helpful co-operation during the year.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

Medical Officer of Health.

June, 1972.



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INTRODUCTORY SUMMARY

Attention is drawn to the following sections of the Report.

A. In the Vital Statistics Section.

- (1) A fall of 3·1 per 1,000 in the standardized birth rate.
- (2) A substantial decrease in the standardised death rate from 18·4 last year to 10·6
- (3) The Infant Mortality Rate (deaths per 1,000 live births) at 29 per 1,000 live births is nearly double that of last year (15). There is a big element of chance which applies to such rates when the numbers concerned (e.g. the number of live births) are small, and each death makes a very big increase in the Infant Mortality Rate per 1,000 live births.
- (4) Maternal Mortality: Once again there was no maternal mortality,
- (5) There were no deaths from Tuberculosis.
- (6) The Cancer death rate fell from 2·8 per 1,000 to 1·3 per 1,000 (lung cancer causing two of the total of five deaths from cancer).

B. In the Communicable Disease Section.

- (1) The again fortunate position of the Borough concerning notified communicable disease. No case of tuberculosis was notified during the year, but there were 37 notified cases of measles. No notifications for other diseases were received, but one case of "Salmonella" caught from a tortoise was discovered in hospital (see page 13).
- (2) The need for early diphtheria, tetanus, whooping cough and poliomyelitis immunisation of children at three months continues. Small pox immunisation is now, however, considered best delayed to 15-18 months of age, and has been dropped as a routine measure, though available to those who want it or whose doctors advise it. Immunisation against measles should be done soon after one year old. Immunisation of adolescent girls against Rubella has continued by the Wiltshire County Council, and the B.C.G. scheme against tuberculosis continues.

C. Environmental Public Health and Food Hygiene.

- (1) As for many years, the quality of the Borough's water supply is satisfactory except for the low fluoride content. The desirability of enriching this fluoride content, as encouraged by the Department of Health, but not yet authorised by the "Local Health Authority," (Wiltshire County Council), although the Borough re-approved the fluoridation principle only in 1969 remains unfilled.
- (2) There is a continued need for more housing accommodation, as is also the case in the surrounding Rural District. At the end of the year there was still a waiting list of 75 for Council Houses in the Borough. It is difficult to provide this accommodation at present costs, at rents which workers at local rates of pay can afford and without further serious encroachment upon agricultural land—unless by multi-storey blocks of flats with elevators to each floor.
- (3) There is still need for continuing publicity and health education concerning the public health demerits of heavy smoking, and to counter the advertising campaigns which are still being conducted by tobacco manufacturers, both because of the financial effect of the habit and the greater risk of stimulating bronchitis, heart disease and the growth of lung cancer. As in the case of fluoride enrichment of weak water supplies, stronger action from Central Government would be appreciated. The new Health Education Council which started work in 1970, moved its premises from central London to Wembley during the end of the year and the arrangements for the move have delayed its work from getting fully under way as yet.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health	F. John G. Lishman, M.D. (Hygiene), B.S. (London), D.P.H.(London).L.R.C.P., M.R.C.S., D.L.O.(England). L.M.C.C. (Canada) M.F.C.M, (Edinburgh, Glasgow and London). Office address : 26 Endless St., Salisbury. (Telephone : Salisbury 5201.) Residence : Till Orchard, Berwick-St.-James. (Telephone : Stapleford 269.)
Public Health Inspector ...	W. E. Ramm M.R.S.A., M.P.H.A. (also Borough Surveyor). Residence : 31 Bulbridge Road, Wilton.
Technical Assistant ...	V. Moody
Clerks (Wilton Office) ...	Mrs. M. Everett.
(Salisbury Office,)...	Mrs. M. Samways (plus, part time with Salisbury & Wilton R.D.C. Surveyor's Dept., Mrs. M. Hewett and Miss A. Sheppard.)
(Mere Office) ...	Miss S. Barrett.

The Medical Officer of Health also holds the appointments of Medical Officer of Health for Salisbury and Wilton Rural District and Mere and Tisbury Rural District. Under joint arrangements he also acts as a Medical Officer for the Wiltshire County Council. (A little under one eleventh of the salary for the joint appointment is allocated to the Borough of Wilton).

GENERAL STATISTICS

Area of Borough, in acres : 2,681.
 Population—1971 Census : 3,880
 Population—Registrar General's Estimate for midyear : 3,880.
 Density of Population—people per acre : 1.5.
 Number of inhabited houses or flats : 1,186.
 Number of Council houses or flats at the end of the year : 348. (Bungalows 44, other houses 263, flats 41.)
 Number built by the Council during the year : None.
 Number of applications for Council Houses still standing at end of year : 75.
 Rateable Value : £179,898.
 Product of a new penny rate : £1756.
 Principal Industries : Carpet Weaving, Felt Manufacture, Agricultural and other Engineering, Military Administration, Headquarters of all British Land Forces.

GENERAL ADMINISTRATION DURING THE YEAR.

There was no change in the administration of the Public Health Department this year. During the year the Government published the "consultative document" superseding the previous Government's two "Green Papers". The new document is a vague and uninspiring piece of work, but it still postulates a unification of the present tripartite (Public Health, General Medical Dental and Hospitals) structure into one comprehensive service, working under Area Health Boards. These Area Health Boards would be largely Ministerial Nominees, though there would be a small proportion of representation from Local Government. Smaller than the previous white and green papers allowed.

VITAL STATISTICS

In view of the likely re-organisation of Local Government in the fairly near future into fewer districts, with larger areas and populations, opportunity has now been taken to simplify some of the statistical records, particularly those for 'rates' (e.g., Death Rates from specific causes). In areas such as this the relatively small numbers of people involved renders the calculation of 'rates' (such as death rates from particular causes) a rather chancy business, where one death occurring on December 31st instead of January 1st) may make a significant difference in the specific death rate from a particular disease, for the year. For such "specific" death rate calculations, for all but the most common or important, causes of death, I now consider it best to wait until re-organisation of Local Government has occurred, for with fewer and bigger areas, the "comparison" of District "rates" for specific diseases or conditions between rates applicable to such conditions, from new area to new area, and from one area in comparison with the whole County, or the Country (England and Wales), will become more valid.

Readers will therefore note the omission of some of the "rates" or subdivisions of rates which were recorded in my Annual Report in previous years.

TABLE I. BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY

						Male	Female	Total
Live Births	Legitimate	..	..	..	..	36	29	65
	Illegitimate	..	..	..	..	2	1	3
Total						38	30	68
							England Wilton & Wales	
Illegitimate Live Births per cent of total live births	..	..	..	..	..	..	4.0	8
Crude Live Birth Rate per 1,000 population	..	..	..	..	..	..	17.5	16
Comparability Factor for Births	..	..	..	..	..	..	1.09	
*Standardized Live Birth Rate	..	..	..	..	..	..	19.1	16
Birth Rate—England and Wales—for comparison	..	..	..	..	..	..	16.0	
Still Births	Legitimate	..	..	..	..	0	0	0
	Illegitimate	..	..	..	..	0	0	0
Total						0	0	0

*The Standardized Rate is the Crude Rate multiplied by the Comparability Factor, which is calculated by the Registrar General to enable populations of differing age and sex constitution to have their various "rates" compared on an equivalent basis.

TABLE II. DEATHS AND DEATH RATES

	Male	Female	Total	England & Wales
Number of Deaths	14	16	30	
Crude Death Rate, per 1,000 population			7.1	11.6
Registrar General's Comparability Factor for deaths ..			1.38	
(This indicates that the age distribution of the population is younger than that for England and Wales. A change occurred in 1958. Formerly the age distribution of the Borough was just on the "elderly" side of the average, as is indicated by the C.F. prior to 1958, of 0.98. It is now well on the "young" side.				
Death Rate as standardized by Comparability Factor			10.6	11.6
Ratio of Local standardized Death Rate to National Death Rate			0.92	

Comment : The "standardized" death rate for the Borough has dropped heavily from the 18.4 of 1970. This change (while less "chancy" than is the case with the wildly fluctuating I.M.R.) must nevertheless be regarded in relation to the relatively small population and number of deaths.

Natural Increase

Increase of live births over deaths during the year	8
Rate of Natural Increase per 1,000 population	2.06

TABLE III. CERTAIN OTHER "SPECIFIC" DEATH RATES OF INVERSE
"HEALTH INDEX" INTEREST
(Rates per 1,000 population, except for Maternal Mortality Rate).

(1) Deaths due to tuberculosis (all forms) (both sexes)	0.0
Tuberculosis Death Rate	0.0
(2) Deaths from Cancer and related malignant diseases (all forms)	5
Cancer Death Rate	1.3
Death from Lung Cancer	2
Lung Cancer Death Rate	0.7
(3) Deaths from Heart Disease and other diseases of the circulatory system ..	18
Specific death rate from circulatory system diseases	4.9
(4) Maternal Mortality Rate	0
(5) Deaths from Bronchitis	0
Bronchitis Death Rate	0
(6) Deaths from Suicide	0
Suicide Death Rate	0
(7) Deaths from Motor Vehicle Accidents	1

COMMENT ON TABLE III.

These index rates must be regarded as satisfactory, despite the small population figures from which they are calculated. The rate for "heart disease and other diseases of the circulatory system" continued to be the major contributor, with, as usual, Cancer in its various forms in second place. I am sorry to record that there were two deaths from lung cancer, (three last year) and one from Motor Vehicle Accidents (one last year).

Table IV ANALYSIS OF CAUSES OF DEATH.

				Crude Rate per 1,000
Group A—Certain Communicable Diseases.				
	Male	Female	Total	
1. Cholera				
2. Typhoid fever				
3. Bacillary dysentery and amoebiasis				
4. Enteritis and other diarrhoeal diseases				
5. Tuberculosis of respiratory system				
5(a) Later effects of tuberculosis of respiratory system				
6. Other tuberculosis, including late effects				
7. Plague				
8. Diphtheria				
9. Whooping cough				
10. Streptococcal sore throat and scarlet fever				
11. Meningococcal infection				
12. Acute poliomyelitis				
13. Smallpox				
14. Measles				
15. Typhus and other rickettsioses				
16. Malaria				
17. Syphilis and its sequelae				
18. All other infective and parasitic diseases				
Group A Total ..				
				- NIL -
Group B—Cancer and related malignant diseases and benign neoplasms				
	Male	Female	Total	Rate per 1,000
19. Malignant neoplasm—stomach	—	—	—	—
20. Malignant neoplasm—buccal cavity and pharynx	—	—	—	—
21. Malignant neoplasm—oesophagus	—	—	—	—
22. Malignant neoplasm—intestines	—	—	—	—
23. Malignant neoplasm—prostate	—	—	—	—
24. Malignant neoplasm—larynx	—	—	—	—
25. Malignant neoplasm—lung, bronchus	1	1	2	0.5
26. Malignant neoplasm—breast	—	—	—	—
27. Malignant neoplasm—uterus	—	—	—	—
28. Leukaemia	—	—	—	—
29. Other malignant neoplasms, including neoplasm of lymphatic and haematopoietic tissue	1	2	3	0.8
30. Benign neoplasms and neoplasms of unspecified nature	—	—	—	—
Group B Total ..				1.3
Group C—Endocrine and metabolic and blood disorders				
	Male	Female	Total	Rate per 1,000
31. Diabetes mellitus	—	—	—	—
32. Avitaminoses and other nutritional deficiency	—	—	—	—
33. Other endocrine, nutritional and metabolic diseases	—	—	—	—
34. Anaemias	—	—	—	—
35. Other diseases of blood and blood-forming organs	—	—	—	—
Group C Total ..				—

					Male	Female	Total	Rate per 1,000
Group D—Mental disorders								
36. Mental disorders	..	..	..	..	0	0	0	
Group E—Nervous system								
37. Meningitis	..	..	..	..
38. Multiple Sclerosis	..	..	..	..	0	0	0	
39. Other diseases of nervous system and sense organs	..	..	..	..	0	0	0	
Group E Total					0	0	0	0
Group F—Circulatory system								
40. Active rheumatic fever	..	..	..	..
41. Chronic rheumatic heart disease	..	..	..	..
42. Hypertensive disease	..	..	..	..	0	0	0	
43. Ischaemic heart disease	..	..	..	..	3	3	6	
44. Other forms of heart disease	..	..	..	..	3	1	4	
45. Cerebrovascular disease (including "strokes")	..	..	..	..	3	2	5	
46. Other diseases of the circulatory system	..	..	..	..	1	2	3	
Total Group F					10	8	18	
Group G—Respiratory system								
47. Influenza	..	..	..	..	0	0	0	
48. Pneumonia	..	..	..	..	1	2	3	
49. Bronchitis, emphysema	..	..	..	..
50. Asthma	..	..	..	..
51. Other diseases of the respiratory system	..	..	..	..
Total Group G					1	2	3	
Group H—Alimentary system								
52. Peptic ulcer	..	..	..	..
53. Appendicitis	..	..	..	..
54. Intestinal obstruction and hernia	..	..	..	..
55. Cirrhosis of liver	..	..	..	..
56. Enteritis and Diarrhoeal diseases other than those in Group A	..	..	..	..
57. Other diseases of the digestive system	..	..	..	..
Total Group H					0	0	0	
Group I—Genital and Urinary Systems								
58. Nephritis and nephrosis	..	..	..	..
59. Hyperplasia of prostate	..	..	..	..
60. Other diseases of the genito-urinary system	..	..	..	..	1	1	2	
61. Abortion	..	..	..	..
62. Other complications of pregnancy, childbirth and puerperium	..	..	..	..
Total Group I					1	1	2	
Group J—Skin								
63. Diseases of the skin and subcutaneous tissue	..	..	..	..	0	0	0	0
Group K—Muscles and bones (other than accidents)								
64. Diseases of the musculoskeletal system and connective tissue	..	..	..	..	0	0	0	0

Group L—Congenital defects or injuries

58. Congenital anomalies
 59. Birth injury, difficult labour, and other anoxic
 and hypoxic conditions
 60. Other causes of perinatal mortality

Total Group L	..	0	0	0
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Group M—"Ill defined"

61. Symptoms and ill-defined conditions

0	0	0
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Group N—Accidents

62. Motor vehicle accidents.. .. .
 63. All other accidents
 64. Suicide and self-inflicted injuries

Total Group N	..	0	1	1
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Group O—Other

65. All other external causes

Grand Total	..	14	16	30	10.6
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Comments: In addition to the comments made under Table III about heart disease, cancer, and motor vehicle accidents, I am glad to note the decrease of "strokes" from seven last year to five. A stroke is often followed by a long period of paralysis or incontinence, or both, with complete dependency on others, often with inability to communicate at all, before death occurs. The condition is one of the most terrible of all afflictions, for the person "struck" down, and for the relatives. It is far better to die from a failure of the circulatory system in another part, such as a "heart attack" or coronary thrombosis. The number of deaths from "ischaemic heart disease" (the new statistical heading for "coronary thrombosis") also decreased from 14 last year to 6.

TOBACCO SMOKING : LUNG CANCER AND OTHER EFFECTS.

Evidence continues to accumulate about the harmful effects of smoking tobacco, especially in the form of cigarettes. But in addition to causing cancer of the breathing organs, the effect on these organs of chronic inflammation — bronchitis, is becoming more and more evident. Effects in the heart and larger blood vessels are also well known. Also during the year new evidence has shown that women who smoke during pregnancy produce on average smaller babies, with a lesser chance of survival into normal health and development. This evidence has come from at least two sources, one being the Bristol Paediatricians, including Professor of Child Health, Dr. Neville Butler, who at one time used to be the paediatrician for the Salisbury Group of Hospitals and is now an internationally famous man. He was one of the founders of the National Child Development Study which started in 1958. Furthermore, there is now evidence that the smoke from smokers can harm non-smokers as follows :

Effect of Tobacco smoke upon other people who are non-smokers

It is often claimed by smokers that whether or not they smoke and risk illness is their own affair entirely, but quite apart from the encouraging effect on a child which seeing their parents smoke may have, there is now definite evidence that other people's smoke can harm nearby non-smokers breathing the same polluted air.

Recent research has shown that 5-5½ year old Hertfordshire school children who come from homes where there is one or more person who smokes 20 or more cigarettes a day get significantly more colds, coughs and bronchitis than children who come from non-smoking homes. There is a less significantly but still important difference between the children from homes where there is a smoker, but no one smokes as much as 20 cigarettes a day, compared with the children from non-smoking families.

It appears that many adult people must revert to the habits of infancy and require for their solace the feel of a cigarette in their mouths, like a baby's comforter. This is deplorable to see, in the face of overwhelming evidence linking cigarette smokers with dangerous and socially destructive diseases. The Chief Medical Officer to the Department of Health and Social Security, Sir George Godber, continues to warn the public most strongly of these risks of cigarette smoking in his annual reviews of the health of the nation. It appears that the irritant tar contact of tobacco is probably the main factor in inducing bronchitis and lung cancer, while the nicotine contact is more directed against the heart.

TOBACCO SMOKING : EFFECT OF SMOKERS ON NON-SMOKERS

The following extract from a piece of original research on 1119 families with 5½ year old school children examined by Dr. W. Norman-Taylor, Divisional Medical Officer Hertfordshire County Council and Mr. V. A. Dickinson, Statistician, Hertfordshire County Council and published in "Community Medicine" on 21st April, is of special interest because it shows, probably for the first time, definite evidence of the harmful effects of smoking in a household upon the children living in that household. The investigation involved the families of 662 children of whom one or other parent smoked or some other person in the household as compared with 457 children who had no smokers among their parents or other people living in their homes. This shows that the children from the smoking families had when examined by Dr. Norman-Taylor at the 5½ year old full periodical medical examination a worse record of infections and inflammations of the breathing passages and lungs as compared with the children from non-smoking families. The differences are strongly statistically significant.

"Respiratory Infections Increase with Level of Smoking

There were 457 non-smoking families and 662 smoking families. However, in 258 families only one person smoked, and that was less than twenty per day. These figures are comparable with those found elsewhere (McKennell and Thomas, 1967). Only seventeen families admitted to three or more persons smoking; category Nos. 12 and 13 were therefore added to No. 11. Table I shows that in most instances the percentage of children with respiratory infections tends to rise as the level of smoking increases (with the exception of category No. 3, mucopurulent discharge). When two or more symptoms were recorded the trend is particularly striking.

In Table II the symptoms are combined to give a single category, and smoking category Nos. 10 and 11 (twenty or more cigarettes, two or more smokers) have been combined under the heading 'Heavy smokers'.

It can be seen that whereas 33.5% of non-smoking families have children with symptoms, heavy smoking families have 45% of such children, that is a 33% increase in prevalence. This difference is statistically highly significant."

COMMUNICABLE DISEASES.

A. Prevention of Communicable Diseases.

"Artificial" immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. For Wiltshire the Wiltshire County Council as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Small Pox immunisations are done by the "Family Doctors" under the National Health Service, but during the year the County Council fell into line with the Department of Health and Social Services that routine advice to parents to have their children immunized against Small Pox should cease. A policy change which I consider an error. Diphtheria, Tetanus, Whooping Cough, Measles and Poliomyelitis immunisations either by the "Family Doctors" or by the County Council's Medical Officers at Child Health Clinics or at specially held immunisation clinics, usually arranged at schools. Partial protection against Tuberculosis is available for older (tuberculin negative) school children through the County Medical Officer, and to selected other cases (usually contacts of cases of tuberculosis) by N.H.S. Chest Physicians. In this area all the immunisations (excepting for Poliomyelitis) are still carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted. Poliomyelitis immunisation continued on an increasing scale. Facilities for this are now available for all children and for pregnant women of any age. Measles immunisations with the latest sort of vaccines do not produce the somewhat severe reactions, nearly as bad as ordinary measles noted with the earlier batches of vaccines. Immunisation of adolescent girls against Rubella (the common infectious disease once badly known as German Measles) is now routine, with the object of preventing this disease from occurring during pregnancy when it can seriously spoil the development of the unborn baby, producing blindness, deafness, mental abnormality, physical and other handicaps. For the first time for many years the County Council Health Department, due to the speeding up of the computer, has sent me the statistics of immunization for the Borough in time to include in this Annual Report, and they are reproduced in Table VI (a). I would like to thank the County Medical Officer of Health, Dr. C. D. L. Lycett, for enabling me to include these statistics for the year.

B. Incidence of Communicable Diseases.

The communicable diseases for which statistics are available comprise those diseases which are compulsorily "notifiable", under the Public Health and Health Services Act, 1968, and the Public Health Infectious Diseases Regulations made under that Act. A proportion of these notifiable diseases probably does not get notified because no doctors may have been called in, either at all, or in time before the patient has died.

The incidence of notified notifiable communicable diseases in the Borough during the year is shown in Table V, and consists entirely of 119 cases of Measles.

The layout of this table, in extended form, is designed to co-ordinate with that for the tables for the Salisbury and Wilton Rural District and the Mere and Tisbury Rural District, for which I am also Medical Officer of Health. This facilitates record keeping from year to year, in spite of the blank entries for Wilton, except for measles.

TABLE VIA IMMUNISATION STATISTICS for the Borough for the year.

Year of Birth		1971	1970	1969	1968	1967	1962-66	1956-61	Others under 16
Primary imms, completed during 1971	Diph.	33	31		1			1	
	Wh/c.	32	30		1				
	Tet.	33	31		1		3	5	
	Measles		38	8	6	2	7	2	
	Polio	33	30		1		2		
Reinf. injecs. administered during 1971	Diph.		16	28	1	12	33		
	Wh/c.		14	22		1			
	Tet.		16	28	1	13	33	13	
	Polio		15	26	1	12	25	4	

Small Pox *		Months				Years		
Age Group		0- 3	3-6	6-9	9-12	1	2-4	5-15
Immunisation						10	16	5
Re-immunisation								11

* N.B.—Small Pox Immunization in early childhood discontinued as a *routine* measure September 1971. Continued only if specially desired or needed for

TABLE VIB. NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

						(sub)	(main disease)	Group Total
1. Tuberculosis								
(a)	Respiratory ..	..	..	..	.	..	0	
(b)	Meninges and nervous system	..	..	..	..	..	0	
(c)	Other Forms	..	..	..	..	..	0	
(d)	Total	..	..	..	..	..	0	0
2. Other Respiratory Notifiable Diseases								
(a)	Whooping Cough	..	..	.	..		0	
(b)	Pneumonia, Acute	..	..	..	..		0	
(c)	Group Total	..	..	..	..			0
3. Diphtheria	..	..	..	..	..	0	0	0
4. Meningococcal Infection	..	..	..	..	..	0	0	0

	(sub	(main	Group
	disease)	Total	
5. Virus Diseases of Nervous System			
(a) Poliomyelitis—Paralytic	0		
(b) Poliomyelitis—Non Paralytic	0		
(c) Total	0	0	
(d) Encephalitis—Infective	0		
(e) —(Post Infectious)	0		
(f) Enc phalitis Total		0	
(g) Group Total.. .. .			0
6. Other Notifiable Virus Diseases			
(a) Measles (excluding Rubella)		37	
(b) Small Pox		0	
(c) Infectious Hepatitis		0	
(d) Group Total.. .. .			37
7. Alimentary Infections or Poisons			
(a) Dysentery—Bacterial	0		
(b) —Other	0		
(c) Total Dysentery		0	
(d) Typhoid Fever	0		
(e) Paratyphoid Fever	0		
(f) Food Poisoning (see Table VIa)	0		
(g) Group Total.. .. .			0
8. Streptococcal Group			
(a) Scarlet Fever	0		
(b) Others	0		
(c) Group Total.. .. .			0
9. Miscellaneous Groups			0
10. All “Notifiable Diseases” Total			<u>37</u>

Tuberculosis.

In the Borough of Wilton, 24 known cases of tuberculosis remain on the register, 16 being lung and eight non-pulmonary cases, an increase of nine cases (eight lung and two other) during the year.

These are nearly all old long standing cases, or imports from elsewhere, where they were previously notified, and during the year there were no new notifications and no deaths due to tuberculosis in the Borough during the year.

TABLE VIA—FOOD POISONING.

There was only one case recorded, which strictly should not be considered as true food poisoning. This was in a ten year old girl who developed infective arthritis of one hip joint, from which a salmonella (Overshee) was isolated after admission to hospital. The source of infection was eventually traced to her pet tortoise which was found to be excreting not only S. Overshee but also S. Bardot, and S. Uphill. The girl recovered, and the tortoise, at the time of writing this (May 26, 1972), was still alive and well, confined in comfort at the Public Health Laboratory at Odstock Hospital. It has just woken from hibernation, and has begun to eat wild strawberry leaves, but has not yet produced a turd, so it is not yet known whether it is still a carrier of Salmonellae. This case, although recorded in the Food Poisoning Return sent annually to the Department of Health and Social Security, is classed as “Salmonella infection not due to food poisoning.” There were no proper cases of food poisoning either notified or otherwise discovered during the year.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other "personal" health services for the Borough are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics and the School Health Service with its specialised appendages such as Dental Service, Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-care" service, which was once mainly concerned with tuberculous people, their families and other contacts, but now is more embracing in its wide scope.

The passing of the Local Authority (Social Services) Act, 1970, transferred the Home Help Service and the domiciliary Mental Welfare Officers from the Health Department to the new County Council Social Service Department, and only at the time of writing this report are the Officers being transferred.

Your Medical Officer of Health spends nearly half his time working also for the County Council, principally with the School Health Service, also at the Child Health Clinics (including those in Wilton and Stoford), at Immunisation Clinics, and examining handicapped children and mental health patients in their homes. The Wilton Child Health Clinic is still conducted in the Town Hall, with the M.O.H. and another County Council Medical Officer, Dr. J. S. Harper, alternately, and Wilton Health Visitors and assistant in attendance, plus another Health Visitor from Salisbury, plus the very kind help of a number of voluntary workers of whom Mrs. G. L. Lush is the organiser. Without their help it would be difficult for only two health visitors to control this busy clinic. There was only one practising midwife in the Borough. The midwife, Mrs. Pullen, keeps in contact with the clinic, often represented by a liason. The vacancy created by Mrs. Palmer's producing her own baby had not at the time of writing my report, been filled.

For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

HANDICAPPED CHILDREN

The care, and special educational needs, of handicapped children also come under the School Health Service, and your Medical Officer of Health, acting for the Wiltshire Principal School Medical Officer examines and advises on such children, of which mentally handicapped ones are the most numerous.

SCHOOL PREMISES

The hygiene of School Premises, as of most other buildings, concerns the Local Sanitary Authority, as well as the Education Authority, and school premises can be inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer, although it is more usual to do this in the latter capacity if the School is one for which the Medical Officer of Health is a School Medical Officer. Some of the School work is done by County Council Medical Officers who are not also Medical Officers of Health.

While your Medical Officer of Health is responsible for the medical inspection of the children of the Secondary Modern School, another County Council School Medical Officer attends the Primary School. At the Secondary Modern School, the dangerous situation described in two previous Annual Reports still applies and needs rectification.

This is the narrowness of the access road to the school up "The Hollows" from Water Ditchampton, always dangerous for vehicular traffic, is especially so where about two thirds of the way up, the slope of the road veers sharply North on the brink of the railway embankment. There, there is a liability for any vehicle whose brakes failed, to plunge through the little railing and over the embankment. Formerly the School buses discarded and loaded their passengers in Water Ditchampton, but that gave the children a long and sometimes wetting walk to the school. The swimming pool at the Secondary Modern School is a great asset to the students at this school.

As I reported previously, I was of course very glad when the school buses began climbing the hill and taking the children to the school, but this had introduced another hazard, as the road is narrow and the sidewalk only three feet wide, so that at times of school assembly and discharge, the pedestrian children have to overflow from the foot path and obstruct the narrow lane, leaving insufficient space for the school busses to travel in safety.

The Secondary Modern School has been expanding rapidly, without a corresponding expansion in facilities for sanitation. The male toilet accommodation is now seriously deficient in quantity.

Further temporary extensions have been added to the overcrowded primary school, but this can only be a temporary expedient, and it is hoped that there will be a new primary school before long.

HANDICAPPED ADULTS AND OLD PEOPLE.

The care of handicapped adults, including the blind and deaf, and of old people, also comes under the County Council Services. But the Borough has also powers (under the National Assistance Act, 1948, and the National Assistance Amendment Act, 1951) concerning old people needing care and attention, and either chronically ill or living in insanitary conditions. Removal to an Institution can be enforced under an order of a Court, or of a single Justice. The Medical Officer of Health sees such cases, but, in the Borough, no such cases came to my attention during the year. The Borough has also acquired some powers to help with adaptation to Council Housing, Public Conveniences and other "public buildings to which the public have access" under the new "Chronically Sick and Handicapped Persons Act, 1970." This Act has an enormous scope also in covering other medical and welfare needs of Chronic Sick and adult handicapped, in "ascertaining" all such people and making a register of them, and for providing important aids, such as telephones, home help, apparatus to help the crippled or semi-crippled in their homes and for getting about, hearing aids, helping with transport to clinics and doctors' surgeries, meals on wheels, provision of entertainment and occupation, including special workshops. These other services, are however the responsibility of the County Council, and are now being administered through their new Social Services Department, which has an "area office" in Salisbury at the Old Fire Station in Salt Lane, Salisbury.

During the year the new Attendance Allowances for people needing both day and night attendance came into force. Later a lesser allowance for those handicapped people who need attendance for either day or night is expected to come into force.

Meals on Wheels Service

During the year the "Meals on Wheels" service continued its valuable help, operated by Wilton volunteers working for the Salisbury B.R.C.S. The frequency of meals delivery in Wilton is still only twice a week. At the time of writing this report, seven people were being supplied with meals on wheels, but this number is very variable, and fluctuates frequently.

Pre School Play Groups.

These admirable institutions are now multiplying rapidly in the country, sometimes run by private individuals, either in their own homes and gardens or in hired halls, sometimes, especially if developed into a nursery school, by the L.F.A. If there are more than five children over the age of five on the books, then they must be approved by the L.E.A. All also have to be approved by the Local Health Authority—here the Wiltshire County Council have requested me to carry out periodical inspections of those Play Groups in my M.O.H. District. During the year two groups operated within the Borough of Wilton, one at the Town Hall, and the original group at the Hollows. There is another, just outside the Borough boundary, at the old school, which has been well converted and improved at Netherhampton. This play group also operates a nursery school, and will accept children aged over five. I feel that there is a need for at least one more group to serve the Bulbridge Estate. The companionship, free play activity and fundamentals of “education” in the broadest sense are invaluable aids towards developing sound mental health and good personality among the children. These playgroups have also, at the time of writing this report in 1972, been transferred to the County Social Services Department under the new Act for administration and supervision. I think it would have been better, if transfer was really needed, for them to have come under the Education rather than the Social Services Committee of the County Council.

Environmental Public Health, and Food.

As stated in all previous reports this is probably the most important of the various local factors which influence public health. Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, quality of water supply, (which should include the necessary mineral impurities required for promoting health), safe and not wasteful disposal of human body wastes (drainage sewerage etc.), refuse collection and disposal, control of flies, vermin and other insects, rodents and other pests, quantity, quality and freedom from adulteration or infection of food supplies, including milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home but also places where food and drink are prepared and/or consumed outside, including school and other canteens and public restaurants, hotels and public houses. Avoidance of certain adverse influences, such as tobacco smoking, is also important. In an annual report for Wiltshire (1969) the County Medical Officer of Health, Dr. C. D. L. Lycett, wrote that the Environmental Health Services “which are now largely taken for granted, are still the basis of Preventive Health Services.” He commended the way in which the Local Authorities in Wiltshire have developed and maintained these services, “which are at present mainly provided by the District Councils.”

These matters are reported upon in detail in the report of your Public Health Inspector, Mr. W. E. Ramm, which is incorporated in this Annual Report. Comments on the following matters are however made in this section of the Report.

A. Housing

My observations made in previous Reports concerning the grave adverse effect of bad housing, or lack of housing, upon mental and physical health have not altered and need not be repeated. The extent of the housing problem cannot be measured only by the size of the local Authority's waiting list of applicants for Council Houses or flats. More—

over, Wilton Borough, in common with most other Local Authorities, restrict their waiting list to those who either live in, or work in, the Borough at the time of application, and there may be a qualifying period of residence, or work in, the area before an application can be accepted. If a person on the waiting list moves out of the Borough Area they are liable to forfeit their rights. Not all people living in unsuitable, "accommodation" apply for Council Houses. But in December there were 75 applications actually on the waiting list of applicants who either live in Wilton or work or have other close connections with the Borough.

The Council have continued making Discretionary "Improvement Grants" for the improvement of sub-standard houses. Only three applications for a Discretionary "Improvement Grant" were received, all of which were approved. This is a valuable method of preventing the loss of saveable property through slum clearance, and saves some expense in the provision of new Council Houses or Apartments. In addition, application for four "Standard" Grants for lesser improvements (but including such important items as Bathrooms and Food Stores) were made during the year, and all of these were approved.

Providing adequate and safe playing facilities are available for small children, where they can be supervised, I have no reason to amend the opinion first voiced in 1956, in favour of building "upwards" where land is scarce and expensive. Tall blocks of flats with sufficient layers to justify the cost of elevators, can be beautiful as well as practical. But I would emphasize the need to incorporate indoor and out door communal play facilities for children, where they can be adequately supervised. This is often difficult to achieve so that on the whole there may be serious disadvantages in tall buildings in regard to family and social life.

B. Water Supply

The Borough's water supply, the control of which was taken over by the South Wilts Water Board in 1968, from the prolific well sources at Water Ditchampton and borehole at Bulbridge, has been of consistantly good quality, except for low fluoride content. It is, of course, chlorinated, and the chlorination is nicely balanced, so that the water tastes pleasanter than some other supplies. The Ministry of Health has requested, in its Circular about Annual Reports of M.Os.H., specific details about the fluoride content of public water supplies.

The fluoride content of the Wilton water, because of its importance as a means of strengthening young growing teeth against the onslaught of dental decay, both in early and later life, has been studied, and the water is sampled for fluoride analysis periodically. Unfortunately the fluoride content of both waters is usually only about 0.1 parts per million, about one-tenth of the desirable amount. During 1969 the Council re-affirmed its policy, (originally decided in February, 1968), in favour of bringing the fluoride content of the water up to the optimum level of 1.0 parts per million. But before a water undertaking has power to spend money on fluoridating its waters the Government at present require the Local Health Authority to authorise this, and the small expenditure necessary. Thus a wise Local Sanitary Authority or Water Undertaking may be frustrated from carrying out its wishes by the hesitations of a Local Health Authority, and, by the end of the year the Wiltshire County Council, as Local Health Authority, had not yet sanctioned this important health measure and voted the necessary funds. This money, incidentally, would only be a small fraction of the cost of the dental treatment that eventually would annually be saved.

C. Sewerage

As reported from year to year the condition of some of the Borough's older sewers are imperfect. Details are given in the report of the Public Health Inspector, Mr. W. E. Ramm.

D(a). Food Hygiene.

Work continues in connection with the Food Hygiene Regulations, 1955, to improve standards of accommodation and equipment, and the conduct of food-handling personnel, in all food premises and food businesses. The Regulations apply to cafes, restaurants, hotels, public houses (even those serving only drinks), nursing homes, hospitals (none in the Borough) and schools serving meals. A total of 70 food shops, including one wholesale premise, come under the supervision of the Public Health Inspector with the aid of the Technical Assistant, Mr. V. Moody. Details are set out in the report of the Public Health Inspector. The number of such food shops is four less than that of the previous year, due to amalgamations or closures.

D(b) Milk Supplies.

There is still one dealer selling untreated milk (though it is "Tuberculin Tested" of course) and this goes out for wholesale, after which it may be treated before sale. Details are in the Public Health Inspector's section of the Report.

E. Offices, Shops and Railway Premises Act, 1963.

The Public Health Inspector, Mr. W. E. Ramm, in his section of the Report gives details of the work done during the year.

F. Home Safety and Road Safety.

During the year the Home Safety Committee and Road Safety Committee, which are sub-Committees of the Council's 'General Purposes' Committee, continued to do good work, under the Chairmanship of Councillor Belk. These committees are composed of Representatives from the Council, the Royal Society for the Prevention of Accidents (represented by Squadron Leader R. Hessey), Health Visitors for Wilton and surrounding country, the Police, Public Transport, the Army Headquarters Command, and delegates from several voluntary agencies.

The Road Safety Committee subscribes to, and provides two delegates for, the Wiltshire Association of Road Safety Committees. The Committees are both very well served by their Secretary, Mrs. Belbin.

As the Safety Committees are partially composed of members of voluntary agencies, or of organisations unconnected with, or having no obligation to, the Council, all of whom give their time and trouble freely and without reward other than the interest of the work, the members of these Associations deserve gratitude and thanks for their work.

G. Noise.

This had not been a significant nuisance, from the viewpoint of health, within the Borough, but now the ever increasing heavy vehicle traffic on the A30 and A36 roads is a nuisance. There were some complaints of noise, especially at night from a discotheque machine, and sometimes a worse noise from a "beat group," at one hotel. This was taken up with the Licensing Authorities, which has since taken action to reduce the nuisance. By the end of the year the establishment concerned came under new ownership and management, and changed its name and character.

H. Recreation.

The Playing Field and its Pavilion, completed in 1957, is still much appreciated and should be a great health asset to the Borough. But the condition of the Pavilion is showing some deterioration. The (open) swimming pool at Wilton Secondary Modern School has proper filtration and automatic chlorination machinery, and is a tremendous asset to the health and happiness of the young. It is also available for use by the Primary School Pupils. The playground now available in the Bulbridge Estate and the Tennis Courts at the Warminster Road are also assets.

I. Factories.

Prescribed Particulars on the Administration of the FACTORIES ACT, 1937
Part 1 of the Act.

1. INSPECTIONS for purposes of provisions concerning health (including inspections made by Public Health Inspectors).

Premises	No. on Register	No. of Inspections	No. of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	0	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	18	3	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises) ..	0	1	—	—
Total	19	4	—	—

2. Cases in which DEFECTS were Found

Particulars.	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S1) ..	—	—	—	—	—
Overcrowding (S2) ..	—	—	—	—	—
Inadequate Ventilation (S4)	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7):					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act	—	—	—	—	—
Total	0	0	0	0	0

OUTWORK.

Part VIII of the Act (Sections 110 and 111).

Nature of Work — There were no new outworkers registered in the Borough during the year, and the total remains at Nil.

June, 1972.

F. JOHN G. LISHMAN,

ANNUAL REPORT
of the
PUBLIC HEALTH INSPECTOR
for the year 1971.

ANNUAL REPORT of the PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1971.

1. ACTION TAKEN UNDER ACTS OF PARLIAMENT AND REGULATIONS, ETC., MADE THEREUNDER.

(a) Public Health Acts.

Informal Notices served ..	..	..	..	..	4
Informal Notices complied with ..	..	..	..	..	4
Statutory Notices served ..	..	..	..	..	Nil
Statutory Notices complied with ..	..	..	..	..	Nil

(b) Housing Acts.

Informal Notices served ..	..	..	..	..	Nil
Informal Notices complied with ..	..	..	..	..	Nil
Statutory Notices served ..	..	..	..	..	Nil
Statutory Notices complied with ..	..	..	..	..	Nil

(c) Food and Drugs Acts Regulations.

Informal Notices served ..	..	..	..	..	Nil
Informal Notices complied with ..	..	..	..	..	Nil

(d) Factories Acts and Regulations.

Informal Notices served ..	..	..	..	..	Nil
Informal Notices complied with ..	..	..	..	..	Nil
Statutory Notices served ..	..	..	..	..	Nil
Statutory Notices complied with ..	..	..	..	..	Nil

(Fuller report at end of M.O.H. Report).

2. WATER FOR DOMESTIC PURPOSES.

A total of 8 water samples were taken by me during the year, all of which proved to be satisfactory.

3. SEWERS.

The Wishford Road length of sewer has given the most trouble during the year due to blockages, and this has been in the main due to silting up. The South Street sewer and the length of sewer in the Wilton Park has also blocked on a number of occasions, but not to the same extent as in previous years.

4. RODENT AND PEST CONTROL.

The work carried out by the Rodent Operator is as follows :—

Survey Only.

Domestic premises ..	849
Business premises ..	27
Farm premises ..	5
Council Properties ..	36

Treatments.		Domestic	Business	Farm	Council
(a) On complaint	..	21	2	Nil	Nil
(b) After survey	..	3	Nil	Nil	Nil
Total Treatments	..	24	3	Nil	Nil
Total Visits and Treatments		873	30	5	36

5. FOOD AND FOOD PREMISES.

a. Food condemned during the year :—

The only surrender certificate I was required to give during the year was for a 6lb tin of ox tongue.

b. List of Food Premises.

General Stores	5	Bakehouses	2
Butchers Shops	4	Fish and Chip Shops ..	1
Cafes and Canteens	7	Public Houses, Hotels, and Off	
Greengrocers	3	Licence Shops	9
Pharmacies	1	Wet Fish Shops	2
Wholesale Food Premises ..	1	Confectioners	1
Sweet Shops	4		

6. MILK AND DAIRIES Acts and Regulations.

Dealer's licences now in force are:—

Dealers licences to sell sterilized milk	1
Dealers licences to sell pasteurised milk	3
Dealers licences to sell ultra heat treated milk	3
Dealers licences to sell untreated milk	Nil

A total of 16 samples were taken during 1971, and all of these satisfied the Statutory Test!

7. ICE-CREAM PREMISES.

The number of premises registered for the sale of ice-cream is 12, a decrease of two.

8. HOUSING.

Existing Dwellings (all types and conditions)

(a)	Total number of permanent dwellings in the Borough	..	..	1186
(b)	Total number of temporary dwellings in the Borough	...	..	Nil

9. COUNCIL HOUSES.

(a)	Council owned dwellings, other than in (b) below	..	..	..	348
(b)	Corporate property dwellings	..	..	..	2
(c)	Council dwellings built during 1971	..	..	..	Nil
(d)	Council dwellings under construction at 31st December, 1971	..	..	..	Nil
(e)	Council dwellings demolished during 1971	..	..	..	Nil

10. PRIVATE DEVELOPMENT.

(a)	Private dwellings built and completed during 1971	..	..	..	1
(b)	Private dwellings under construction at 31st December, 1971	..	..	..	6

11. UNFIT DWELLINGS.

(a)	Number of houses unfit for human habitation within the meaning of Section 4 of the Housing Act, 1957, and requiring action to close or demolish	..	..	..	..	9
(b)	Demolition Orders served in respect of individual houses unfit for human habitation (Housing Act, 1957)	..	..	..	..	Nil
(c)	Closing Orders made in respect of individual houses unfit for human habitation under Housing Act, 1957 or Housing Act, 1961	..	..	..	..	Nil
(d)	Houses closed as a result of undertakings from owners	..	..	..	..	Nil
(e)	Undertakings to render houses fit accepted from owners	..	..	..	..	Nil
(f)	Number of houses rendered fit after action to close	..	..	..	..	Nil
(g)	Number of houses included in Clearance Areas for which:—					
	(i) Clearance Orders have been made	..	..	..	..	Nil
	(ii) Clearance Orders still to be made	..	..	..	..	Nil
	(iii) Compulsory Purchase Order made	..	..	..	..	Nil
	(iv) Purchased by agreement	..	..	..	..	Nil
(h)	Number of houses in Clearance Areas patched for temporary accommodation under Housing Act, 1957 (Local Authority owned)	..	..	..	..	Nil
(i)	Number of Houses in Clearance Area licenced for temporary accommodation under Housing Act, 1957 (Private owned houses)	..	..	..	..	Nil
(j)	Number of unfit houses demolished under Section 17 Housing Act, 1957					Nil
(k)	Number of unfit houses demolished under Section 42 Housing Act, 1957					Nil
(l)	Number of temporary dwellings demolished (not included above)	..	..	..	..	Nil

12. IMPROVEMENT GRANTS.

(a) Applications for Standard Grants (including higher limit Grants)	..	4
(b) Standard Grants Approved	.. .. .	4
(c) Number of dwellings involved in Standard Grants	.. .. .	4
(d) Total value of Standard Grants	.. .. .	£1005
(e) Applications for Discretionary Grants (including Conversion Grants)	..	3
(f) Discretionary Grants Approved	.. .. .	3
(g) Discretionary Grants for decision in 1972	.. .. .	Nil
(h) Number of dwellings involved in Discretionary Grants	.. .. .	4
(i) Total value of Discretionary Grants	.. .. .	£1716

13. VISITS AND INSPECTIONS MADE DURING 1969 by Public Health Inspector and Technical Assistant.

Highways	.. .. .	482	Fairfield	.. .. .	89
Petroleum Storage and Installations	8		Sewers	.. .. .	38
Playing Field	.. .. .	132	Infectious Diseases	.. .. .	1
Council Houses	.. .. .	853	Milk	.. .. .	17
Building Regulations, Town Planning	412		Water Domestic Supply	.. .. .	8
Recreation Ground	.. .. .	104	Factories	.. .. .	3
Public Health Acts	.. .. .	23	Other Visits	.. .. .	32
Pest Control	.. .. .	3	Offices, Shops, and Railway Premises		
Food and Drugs Act	.. .. .	2	Acts	.. .. .	11
Housing Acts	.. .. .	27	Public Conveniences	.. .. .	46
Municipal Buildings	.. .. .	63	Play Area	.. .. .	84
Cemetery	.. .. .	115	Council Yards	.. .. .	196

Note : This summary is not specific to the work as Public Health Inspector, but includes visits as Borough Surveyor and those of my Technical Assistant.

16 OFFICES. SHOPS AND RAILWAY PREMISES ACT, 1963.

There were no new registration during the year ending 31st December, 1971. Registration and general inspection information is set out below.

Class of Premises	Number of Premises first registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	—	8	3
Retail Shops	—	18	4
Wholesale shops, warehouses	—	1	1
Catering establishments open to the public, canteens	—	2	—
Fuel storage depots	—	—	—

The total number of visits including inspections of registered premises was 11. There were one accident notified during 1971.

W. E. RAMM,
*Borough Surveyor and
Public Health Inspector.*

